DOCUMENT RESUME

ED 123 851 EC 090 205

AUTHOR	Brundage, Elvira; And Others
TITLE	Health Education for Special Children: Secondary TMR.
INSTITUTION	Cortland-Madison Board of Cooperative Educational Services, Homer, N.Y.
SPONS AGENCY	New York State Education Dept., Albany. Div. of Drug and Health Education Services.
PUB DATE	Jan 76
NOTE	84p.; For related documents, see EC 090 196-204
EDRS PRICE	MF-$0.83 HC-$4.67 Plus Postage.
DESCRIPTORS	Alcoholism; *Curriculum Guides; Dental Health; Drug Abuse; Exceptional Child Education; Family (Sociological Unit); *Health Education; Mental Health; Mentally Handicapped; Nutrition; Perception; Prevention; Public Health; Safety Education; Secondary Education; *Special Education; *Trainable Mentally Handicapped

ABSTRACT

Intended for teachers and administrators in special education, the curriculum guide offers information on planning a health education program for trainable mentally handicapped children at the secondary level. Sections preceding the actual guide include information on specific goals of and elements necessary for a successful health education program, the philosophy and implementation of a school health program, and a curriculum overview. Units are presented in outline form for the following topics: nutrition; sensory perception; dental health; health status and disease prevention and control; drugs, alcohol, and tobacco; mental health; family life; consumer, community, environmental, and public health; and safety and first aid. Each topical unit consists of five basic parts--overview and objectives (a brief orientation to the philosophy regarding the unit), concepts (necessary background material for behavioral change), content outline, learning and evaluative activities, and resources (including books, films, pamphlets, and games). (SB)

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ED123851

HEALTH EDUCATION FOR SPECIAL CHILDREN

Curriculum Development Committee

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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EC090205

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Dear Special Educators,

A comprehensive health curriculum is a must in the education of exceptional children. Excepting the three "R's", health is probably the most functional of the skills we can attempt to teach special children. Through coordinated efforts, from the primary level to the high school level, proper habits and attitudes can be developed.

When this curriculum guide is implemented, with the vigor characteristic of the Special Educators in our county, there is no doubt that this guide will help provide improved health education in our county and serve as a source of continuous and sequential health education planning. The teachers, however, who employ the guide in their everyday instruction will give the curriculum its ultimate test.

We appreciate the cooperation and coordination that has taken place to make the health curriculum a vital part of the Special Education program in Cortland County. The format in which the curriculum is presented is most useful and provides many ideas to teach content.

It is only through evaluation by those in the field that enables any curriculum to be fully and successfully implemented. Please feel free to contact us if you have any concerns, questions, or suggestions for improvement of the "Health Education for Special Children." This curriculum is a good beginning, but only a beginning to be refined as dictated by the experience of the teachers who utilize it.

Sincerely yours,

George E. Freebern

George E. Freebern, Director
Special Education

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Forward

Health Education For Special Children is the culmination of workshops funded by the Division of Drug and Health Education and Services, State Education Department, and sponsored by the Cortland-Madison BOCES. It reflects the concerted efforts of many persons. The knowledge and expertise of the individual curriculum developers/writers are most worthy of recognition.

This health curriculum guide for special education students is an outgrowth of the health education guides which were developed during the summer of 1974 for use in regular public school classes within this BOCES district.

The eventual mainstreaming of some handicapped children helped to govern much of the material included. Therefore, the activities in each unit were varied enough to provide for individual differences among pupils. The result has been that the content of the units written specifically for emotionally disturbed or learning disabled children, and educable mentally handicapped children was able to follow quite closely the content of the original guides. References should be made to the original guides, therefore, for additional related activities.

To the writing team's knowledge, this is the first comprehensive curriculum created with the special child in mind. It will provide the teacher with many ideas and resources. However, there is always room for modification and suggestions for improvement, any are welcomed.

Introduction

The specific goals of a health education program can be as many and varied as life itself. However, optimal health is dependent upon the interactions of knowledge, attitudes and behavior. The health education program should establish an approach to concepts, generalizations, understandings, facts, values and applications, basic skills, and decision-making processes which can serve as keys to good physical, mental, social, emotional, and spiritual well-being. All participants in the school health education program, including teachers and administrators as well as students, should be assisted in working towards:

1. Acquiring an understanding of his own physical, mental and social health.
2. Developing responsibility toward his own and community health.
3. Acquiring an understanding that the goals of good health result from individual practices and maintenance of those mental, physical, and social habits selected as desirable and good by society and the individual.
4. Acquiring an appreciation of the value of a healthful life.
5. Encouraging systematic development of individual human potential for health, growth and happiness.

These are certain elements necessary for success of a health education program that cannot be written into a curriculum guide. These essential elements come from within the individuals responsible for implementing and carrying out the program:

1. Commitment on the part of administrators and teaching staff to a belief in the value and potential of health education is most important.
2. In view of the definition of health in terms of its psychological, physiological, sociological aspects, there needs to be, more than in any other curriculum area, a willingness to work together and lend support in setting up and maintaining a good school health education program - one which is prevention-oriented and clearly above and beyond the minimal requirements for drug and health education as delineated in the Rules of the Board of Regents and the Regulations of the Commissioner of Education.
3. It is possible to improve the classroom experiences of health education students through sincere desire by all directly involved to utilize to the greatest advantage appropriate resources (including those of a human nature) and/or other quality teaching aids, materials and devices which are made available.
4. Support for the concept of student participation and involvement in their own learning is a most meaningful part of a sound health education program. Provision should be made for a diversity of learning approaches including extension of learning into multi-community settings.

A Statement on Philosophy of the School Health Program

Health is an integral aspect of every phase of life. Without health man cannot function effectively in his society. Health can, therefore, be considered not only biological, but psychological and sociological well-being as well.

The School Health Program, which includes all functions and services designed to promote the optimum health in each child, is a flexible blueprint aimed at assisting students in developing into independent, responsible adults. It would seem that no one, be it student or adult, can be independent and responsible unless he is equipped with the health necessary to be so; health that is, in part, imparted by knowledge and understanding of the forces which is for this reason that, with the guidance of State legislation and the local Board of Education, the School Health Program endeavors to supplement parental responsibility in this realm. The effective and flexible program must originate with the needs and interests of the individual. From this basis, it should continue to meet the needs of the family, community, nation, and the world...

As a result of imparted knowledge, understandings, and good health habits and attitudes, we would hope to kindle, promote, and help each child achieve a state of physical, social, emotional, intellectual and spiritual well-being that would be conducive to such academic learning as the student was capable of acquiring. In short, we aim at helping the student to "become all he is capable of being." This is based on the assumption that health, not being an end in itself, is a means to an end ---- a happy, fruitful life.

Implementation of a School Health Program

Whatever the organizational plan, the only significant test of its worthwhileness is the effect which it brings to bear on the total educational program or the opportunity which it affords children to learn.

When the School Health Program is being established or adjusted, certain guidelines or basic principles, if adhered to, will help to insure its success. These are as follows.

1. Develop it gradually rather than superimposing it abruptly.
2. Though idealistic in its announced goals, it is realistic in its current performance.
3. It fosters continuous communication between all school staff members.
4. Special facilities are at its disposal.
5. It is interwoven with the instructional program.
6. It brings its services to every student, not just to those in distress.
7. It plays an important role in the school's public relations program.
8. It is constantly engaged in a process of self-examination.
9. It insures a balance in services it offers pupils.

Once the program is ready to be established, there are certain general fundamentals which should be considered in its administration:

1. There should be centralized control to assure efficient and effective functioning of the total program.
2. Adequate budgeting of finances to provide necessary salaries, supplies, and equipment should be carried out.
3. There needs to be proper coordination of various divisions, departments, and areas.
4. Selection of teachers and health specialists should be based on the best qualifications for the particular school and community.
5. Allotment of sufficient time in the school curriculum for the health program to function effectively is a necessity.
6. Definite assignment of duties and responsibilities to teachers, health specialists, and administrative assistants is a must.
7. Organization of a health teaching program should be on a school-wide basis.
8. Consideration of legal provisions, state and local laws, and requirements pertaining to and affecting the School Health Program and pertaining to special children should not be neglected.
9. Provisions should be made for assuring maintenance of the school plant and facilities in a sanitary and hygienic manner.
10. Special measures are necessary to recognize and provide for individual physical, mental, emotional, and social differences of students.
11. Methods and plans for safeguaring the health of teachers, as well as of students, should be an integral part of the plan.
12. There should be constant and thorough evaluation of the total School Health Program.

Curriculum Overview

One area of study which is often lacking for special education students is that of health education.

The overall goal of this curriculum is to assist in developing individuals with the competency to function well in society and the ability to cope with the social, physical, emotional, intellectual, and spiritual dimensions of man. This goal seeks to aid in the discovery of self in relation to others in society and in the world and to implement the concept that decision-making is best where each individual has adequate information and experiences upon which to base his decisions. Decision-making is a cumulative process which results from a growing awareness of self and a growing awareness of the healthful alternatives which the health education process provides.

This guide is a vehicle for preventive education, acknowledging that a primary task of the school is development of positive self-concepts, helping students obtain control over their own lives, and maximizing their health potentialities. It offers a curriculum which helps each individual examine the meaning and value he desires health to have in his life and the life style he envisions necessary to implement his desires and values. It represents curriculum designed to fulfill personal needs and interests based on varied ability levels via being meaningful and relevant to students preparing to live healthful, productive and rewarding lives.

This rationale is based on concepts which provide for increasing levels of information and experiences related to physical, psychological, and social development as grade level increases. There is decreasing breadth, but greater concentration of information and experiences in various areas of health education and maturity levels increase providing a continuous and cumulative effect rather than a disjointed one.

Health Education should:

1. Represent a major part of a life-long educational process.
2. Exist for benefit of all students.
3. Represent a process that begins informally during pre-kindergarten years and continues throughout adulthood.
4. Involve total school/community efforts.
5. By its basic nature, revolve around developing a meaningful, satisfying and healthy life.

This particular guide represents one level of a planned, unified and comprehensive K-12 health education program for special children designed to:

1. Meet the needs of all students.
2. Be sequential, building on developmental tasks at each level.
3. Be flexible in order to facilitate implementation on a county-wide basis.
4. Include objectives and learning experiences for assisting in the decision-making process.
5. Be easily updated, due to its format, via replacement of pages upon their obsolescence.

Each topical area or unit consists of five basic parts:

1. Overview and Objectives
2. Concepts
3. Content Outline
4. Learning and Evaluative Activities
5. Resources

The unit overview gives a brief orientation to the philosophy regarding the unit. The outline of objectives reflects the cognitive, affective and psychomotor domains. They signify specific ways students should be able to think, feel, and act, after completion of the unit of study.

The concepts and supporting content outlines provide necessary background material for behavioral change. Coordinated with these are suggested resources and learning and evaluative activities from which student experiences may be selected in order to promote desired behavioral changes. These resources are not only for students, but also include materials which are too difficult for students' personal use, but valuable for teachers in the preparation of lesson plans.

Included among the resources are films which are usually listed with a reference to their Cortland-Madison BOCES number. To locate the producer/distributor, the teacher should consult the NIGEM Index of Films, which is available in most BOCES buildings or other film centers. Of course, any film or material must be previewed and carefully integrated with classroom activities in order to be of maximum effectiveness.

The curriculum guide contained herein is specifically designed to be descriptive and adaptable in order to allow for variations in school systems, teachers, classes and special education students. The teacher may not be able to expect students with certain disabilities to be able to spell correctly or write explanations, if at all, but by repetition as required the student should be able to learn eventually to pronounce and understand the important vocabulary words. The interaction of content and process in health education should lead to the development of problem-solving behavior which can be used flexibly and in a variety of situations. The goal, therefore, is to move as much as possible beyond fragmented and memorized information to the level where concepts are developed and internalized. To this end the teacher may want to draw upon activities from one unit to reinforce the objectives of another, or to use these activities as a point of departure in devising new ones.

Content Overview

Teachers need to be very flexible and ready to adapt the learning experiences to individual learning capabilities. Some of the students who may read and write very poorly can be expected to be very curious and verbalize fairly well regarding health topics presented.

Certain special education students, such as the educable mentally retarded and the trainable mentally retarded, may have very little ability to transfer learning. Words may have to be explained repeatedly in terms they can understand. Any audio-visual materials employed must be carefully screened prior to use and discussed after use to make certain the pupils understand the vocabulary and concepts presented. Emphasis should be placed on learning major concepts not facts that students won't be able to retain. The teaching techniques and extent or depth of coverage of material is governed to a considerable degree by the types and degree of handicaps of the children involved.

Remember that the mentally handicapped child or adult is not very different from any other human being. First, this individual is a human being, and only secondly does he have a handicap. His basic needs are as great as anyone else's, but his difficulties in learning, relating and coping may be greater. His behavioral manifestations may be inappropriate and because of this so-called negative behavior, his problems are great.

Teaching anything to those with learning problems requires special skills and understanding. Their needs are often more individually demanding; and it is usually more difficult to communicate with them. In preparing this guide, the writers were especially conscious of the tremendous range of special education students' abilities to learn. There are handicapped individuals who are barely distinguishable from the so-called "normal" members of society. And there are those whose handicaps are so extreme that they may never learn to perform simple tasks of self-care such as eating or dressing. The writers of this guide assume that the special education teachers using it already have an understanding of the similarities and differences of their students compared to those students without learning problems. Therefore, any reference to types and/or classifications of handicaps is generally avoided.

NUTRITION

OVERVIEW

The child of adolescent age is going through a period of rapid physical growth. He needs extra food to meet the demands of this growth. However, the sources of this larger number of daily calories are critical. At this point it is essential that the child make some connections between types of foods and their effect on growth, strength, and freedom from illness.

Adequate rest and physical activity must be related to good nutrition. Exercise requires extra fuel, but obesity results if the intake of food exceeds the number of calories burned in activity.

Bad eating habits, which have been formed early in life as a result of environmental and parental training, can still be altered by proper education and the desire to become more physically fit.

OBJECTIVES

Suggested Pupil Outcomes:

1. Demonstrate a knowledge of the relationship of good nutrition, adequate sleep and physical activity to the body's growth and development.
2. Express an awareness of the basic principles of meal planning.
3. Demonstrate a knowledge of the four basic food groups.
4. Demonstrate a willingness to eat a variety of foods, both familiar and unfamiliar.
5. Analyze some of the consequences of poor food selection and eating patterns.
6. Demonstrate good table manners and habits - as they affect digestion.
7. Discover and evaluate how behavior while eating can influence body processes in both a negative and positive manner.

MAJOR CONCEPTS

1. All living things need food in order to grow.
2. Food is used for many reasons and food intake and output is basic to the development of a sound body.
3. A variety of food assures good nutrition.
4. Some foods may be better for the body than others.
5. All foods can be broken down into the four basic food groups.
6. Observing proper table manners helps make meals pleasant for everyone.
7. One's feelings and emotions affect digestion of food.
8. Keeping food clean is important.
9. The packaging and preservation of food is important to keep them healthful.

CONTENT OUTLINE

I. What is Food?
   A. Need for water and food
   B. How food affects how we feel
   C. Different kinds of foods
   D. Where different foods come from

II. Food is Used for (Doing Things) Energy
   A. Fuel in order for our bodies to move
   B. Needed constantly to replace that consumed

III. Food is Used for Building
   A. Use of food to grow
   B. Use of food to repair our bodies

IV. People Eat Many Different Kinds of Food
   A. Different ways of eating different kinds in different parts of the world
   B. Choosing what to eat from what is available to us
   C. Eating a variety of different foods from the four basic food groups
   D. How our senses affect our selection of foods

V. Importance of Keeping Food Clean
   A. Necessity for handwashing
   B. Using clean eating utensils
   C. Washing raw fruits and vegetables prior to eating
   D. Not sharing same piece of food with other people or pets
   E. Necessity for refrigeration and freezing of food

LEARNING AND EVALUATIVE ACTIVITIES

1. Make a "good foods" booklet. Show a variety of foods from the basic four food groups.

2. Make a food chart showing balanced meals from the basic four groups.

3. List and discuss the foods they ate for breakfast this morning.

4. Use the four food groups to analyze a days eating habits of individual students.

5. Keep charts of self-testing physical activities (jumping, throwing, etc.) to measure individual progress.

6. Discuss: Bears need to eat when they hibernate; we work better if we eat breakfast; babies are less chubby after they learn to crawl and walk; we are not hungry when we are sick; we are very hungry when we get well.

7. Discuss lunches or lunch menus:
   What foods did they eat today that the cow gave?
   Did they have any foods that grew underground?
   Did they have any foods that grew on a tree, on a vine?

8. Discuss the place of candy and sweet foods in the diet.

9. Discuss: Foods good for snacks.

10. Discuss good eating habits and manners.

11. Construct a food train made from cartons composed of an engine and four cars. Each car should be designated as one of the basic four food groups. Place pictures of foods in appropriate cars.

12. Make a chart showing the many forms milk can take (ice cream, cottage cheese, etc.).

13. Choose a food such as milk or eggs or a favorite vegetable. Make a little book chart showing the many ways to serve this food, how the food aids in growth and development, etc.

14. Do some eating, smelling, tasting, cooking experiments with children to explore new possibilities in food.

15. Display the different ways you can buy food at the store. (Students may bring in empty cans, jars, boxes, etc.)

16. Experiment with bread to determine the need for keeping it wrapped. Put one slice in waxed paper and leave one slice exposed to air for 24 hours.

17. Observe growth of seeds and plants in soil; use soil with insufficient nutrients, adequate nutrients and too many nutrients.

18. Visit the school kitchen to find out how they store foods to conserve nutritional value. (Refrigeration, freezer, cold, dry, etc.)

19. Practice setting up a table, serving and clearing off.

20. Discuss and demonstrate use of napkins, utensils, condiments, etc.

RESOURCES

Book:

The Good Foods Coloring Book, Consumer and Marketing Service, U.S. Department of Agriculture, (FREE)

Films:

Adventure in Learning - Wheat, BOCES #842-2, black and white, 20 minutes

Big Dinner Table, BOCES #831-236, 11 minutes

Food for Fun, BOCES #831-313, 10 minutes

Food: Story of a Peanut Butter Sandwich, BOCES #832-118, 15 minutes

Good Eating Habits, BOCES #831-369, 11 minutes

Where Does Our Food Come From, BOCES #831-27, 11 minutes

Kits:

Story of a Loaf of Bread, teaching unit for primary grades, Continental Baking Company, Home Economics Department, P.O. Box 731, Rye, New York 10580

Filmstrip and Cassette:

Alexander's Breakfast Secret, BOCES #392-19

Game:

The 4 Food Groups For Better Meals Game, BOCES #110-35

HENs:

Nutrition Materials, BOCES #HN-19

Nutrition Oriented Menus, BOCES #HN-20, Cling Peach Advisory Board, One California Street, San Francisco, California 94111

SENSORY PERCEPTION

Overview

It is, in essence, our senses which keep the body functioning in a state of dynamic homeostasis. The stimuli in our external surroundings are picked up and interpreted in the brain so that we can respond to the sights, sounds, smells and feelings in the immediate environment.

For the trainable mentally retarded student of 14 to 21, the most important aspect of his/her immediate environment is the people with whom he interacts. At this age, there is an emphasis from adults and among the students themselves on sex-appropriate behavior. Gestures and facial expressions have subtle nuances which each individual child needs to perceive and respond to in order to achieve full acceptance. This is in addition to the tremendous complexities of language with which he/she is also attempting to cope. All this implies a great awareness of sensory cues and increased responsibility for the sense organs.

It is the responsibility of the individual by the time he has reached the teen-age years to make certain that the senses are functioning on an optimal level. Ignorance of the function of the senses, particularly of the things which can go wrong with them is very widespread. It would, therefore, seem important to try to correct this lack of knowledge and understanding as much as possible within the classroom.

SENSORY PERCEPTION

Objectives

1. Identify and explain the function of the sense organs.
2. Demonstrate proper care of the eyes and ears.
3. Identify the importance of vision and hearing for normal daily functioning.
4. Identify rules for protecting the sense organs from injury and infection.
5. Participate in periodic assessment of vision and hearing efficiency.
6. Explain the need to correct or compensate for vision and hearing deficiencies and the basic methods used to correct them.
7. Utilize prescribed sensory aids properly.
8. Utilize all of the functioning senses to perceive one's surroundings.

SENSORY PERCEPTION

Concepts

1. There are five main or special senses - seeing, hearing, smelling, touching, and tasting.

2. Sharp or pointed objects, in particular, may injure delicate body parts such as eyes and ears.

3. Proper medical care of colds and other illnesses can prove helpful in maintaining healthy eyes and ears.

4. Screening tests provide a means of detecting vision and hearing difficulties.

5. Proper lighting and viewing position can do much to avoid undue eyestrain.

6. Small particles of foreign material which sometimes lodge beneath the eyelids require special attention and one should seek help from an adult in removing them.

7. Most of our learning about the world around us is gained through our eyes and ears.

8. Eyeglasses can help correct near-sightedness, far-sightedness, and astigmatism.

9. Hearing aids can help people with certain kinds of hearing loss to hear better.

10. The sense of touch is actually a group of senses that perceive heat, cold, pressure, pain, etc.

SENSORY PERCEPTION

Content

I. How Our Senses Help Us
   A. What are our senses?
   B. What do they do for us?
   C. How the senses work together.

II. Getting to Know Our Senses
   A. Vision
      1. Value of Sight (How does it help us?)
      2. Vision Testing and Correction
      3. Care of Eyes
   B. Hearing
      1. Value of Hearing (How does it help us?)
      2. Testing Hearing and Correction
      3. Care of Ears
   C. Taste and Smell
      1. Location of the Senses
      2. Value of Taste and Smell
      3. Taste Sensations (bitter, salty, sweet, sour)
   D. Touch
      1. Location of Sense (i.e. skin surface)
      2. Value of Touch
      3. Skin Sensations (heat, cold, etc.)

SENSORY PERCEPTION

Learning and Evaluative Activities

1. Make a bulletin board on the five senses. Teacher provides name and picture of part of body (eye, ear, nose, etc.). Child provides pictures of something to see, hear, etc.

2. Touching game: Objects with different textures and feels are presented to blindfolded child who guesses what he has touched. Other versions of the above include the: Smelling game, Hearing game, Seeing game, and Tasting game.

3. Make pictures for bulletin board, "Your Eyes: Some Do's and Don'ts" or "Your Ears: Some Do's and Don'ts".

4. Play game "Who Called?": Children form a circle and one child stands with his back to circle about 15-20 feet away. One child in center of circle points to another child to call the name of the child who is away. As soon as child recognizes caller, he says, "It is ____." He has 3 chances. If he fails, he changes place with caller. If he is correct, he changes places with person in the center.

5. Poems to discuss:

"Smells"

The world is full of wonderful smells
And you have a nose that always tells
Of bread in the oven, hot and nice,
Of cake being baked with lots of spice,
Of a barn with fresh cut hay in the mows,
Of horses and pigs and cats and cows,
Of a dog when he's warm and lies in the sun,
Of applesauce and chocolate and a sugar bun.
Wouldn't it be dreadful if you'd no nose to tell
Of every wonderful, wonderful smell?

"Wonders of Seeing"

When I lie flat upon the grass and put my face close down,
I see so many, many things, all colors, green and brown,
And red and black, so many things that go round and round,
And here and there and slow and fast along the ground,
Forewards and backwards and not fast at all,
Just a creepy, creepy crawl.
There's always something moving
So I'm never bored at all.

6. Have children tape-record their voices.

7. Blindfold a student and have him identify various sounds, i. e. whistle, knock on the door.

8. Invite the school nurse to the class to discuss eye care and safety.

9. Discuss eye and ear defects which interfere with normal hearing and vision. Also discuss how these defects can be compensated for or corrected.

10. Collect an assortment of things such as an eraser, a bracelet, a pen, a bobby pin, a key, a paper handkerchief. Volunteers may be blindfolded and the objects handed to them, one by one, to identify. This experiment will show how many things can be identified by touch alone.

11. Put the names of several occupations in a box. Have the children pick one out one of these and relate the importance of the different senses to the occupation, i. e. pilot, telephone wirer, signalman, coffee taster.

12. Blindfold Tasting Test - Blindfold students and have them taste foods and try to identify the specific foods.

13. Discuss how eyes are examined and glasses fitted. Those that wear glasses can contribute.

14. Bell Game - One child (student) is "it". He/she goes out of circle or arrangement of chairs and is blindfolded. Bell is given to one student. He rings bell and"it" must identify who has the bell.

15. Go for a "listening walk". Talk about the sounds you hear.

16. Tape familiar sounds. Have students identify sounds.

17. Use "talking tales". These are stories with certain objects or persons repeated throughout. Students are given a part and a sound or gesture to go with it. They must produce their sound or gesture each time their part occurs in tale.

18. When reading stories, ask questions either during or after stories.

19. Use a "grab bag" or "feeling box" for identification of objects.

20. Use a tray of common objects. Allow students to look at tray for a minute or so. Remove tray and take away one object. Return tray and have students identify which object is gone.

21. Do pattern clapping. Teacher makes pattern - students copy.

SENSORY PERCEPTION

Resources

BOOKS:

Find Out By Touching, Paul Showers; Thomas Y. Crowell Company, New York, 1961, 152
S

The Listening Walk, Paul Showers; Thomas Y. Crowell Company, New York, 1961, 152
S

My Five Senses, Aliki; Thomas Y. Crowell Company, New York, 1962, 612
A

The True Book of Sounds We Hear, Illa Podendorf; Children's Press, Chicago, Illinois, 1955, 534
P

FILMS:

A Look at You, BOCES #831-244, 13 minutes

Hailstones and Halibut Bones I, BOCES #831-327, 6 minutes

Hailstones and Halibut Bones II, BOCES #831-328, 7 minutes

Listening, BOCES #832-97, 14 minutes

Ways to Find Out, BOCES #831-310, 11 minutes

KIT:

Practicing Good Health, BOCES #123-29
"You - And Your Ears"
"You - And Your Eyes"
"You - And Your Five Senses"
"You - And Your Sense of Smell and Taste"
"You - And Your Sense of Touch"

HEN:

Sensory Perception Materials, BOCES #HN-21

DENTAL HEALTH

OVERVIEW

Of all the professionals today, due to ignorance and misconceptions, the dentist is perhaps the most feared by children and adults. For handicapped children who may have been frightenend by medical procedures and personnel in early childhood, this fear is often more intense. The special education classroom with a dentist as guest, or a special trip to a dentist's office as a group are two situations in which the positive role of the dentist and dental hygienist can be emphasized. The dentist could describe to the children how to take care of their teeth and why. Preventive dental care and the role of the dentist as helper can make subsequent visits to the dentist less onimous.

As is true of this entire health curriculum, no unit can be studied in isolation. This is particularly true in the area of dental health. The child's general health and well being, his nutrition, his use of tobacco and other chemical substances, his heredity and other health problems affect the state of his teeth, and he should be made aware of this to the greatest possible extent.

OBJECTIVES

Suggested Pupil Outcomes:

1. Practice daily activities known to contribute to better dental health.
2. Relate dental health to general health.
3. Describe how dental health is a necessary requirement for a good appearance.
4. Encourage parents to provide periodic professional treatment.
5. Distinguish between practices which promote and those which hinder development and health of oral structures.
6. Utilize sound protective measures against accidents to oral structures.
7. Identify those practices which affect dental health.
8. Describe the functional characteristics of the oral structure.
9. Value the role of proper diet in the development and maintenance of dental health.

MAJOR CONCEPTS

1. Our teeth help us to chew food for good health, speak clearly, look attractive and have proper facial form.

2. Food habits influence dental health.

3. Caries begin with a small hole, usually in a fissure or flaw of a tooth, in an area where food may be lodged, or where it is difficult to remove food by brushing.

4. Safe play habits must be developed to avoid tooth injury.

5. Daily personal care promotes dental health.

6. Dental supervision is important in controlling dental disorders.

CONTENT OUTLINE

I. How Our Teeth Are Important to Us
   A. Appearance
   B. Structure and growth of the tooth
      1. Root
      2. Crown
      3. Enamel
   C. Grinding, cutting, tearing, and crushing
   D. Primary and permanent teeth

II. Taking Care of Our Teeth
   A. Cavities are caused by improper care
      1. What are cavities
      2. Flossing can be helpful
      3. Swish and swallow
   B. Brushing
      1. Types of toothbrushes
      2. Care of the brush
      3. Toothpaste and toothpowder
      4. How to brush
   C. Chewing on foreign objects
   D. Thumb sucking, lip and tongue biting
   E. Prevention of injuries to teeth

III. Our Diet is Important for Healthy Teeth and Gums
   A. Foods for sound teeth
   B. Foods that cause tooth decay
   C. Foods that help reduce and control decay

IV. Individuals Who Are Important in Dental Health
   A. Dentist
   B. Dental Hygienist
   C. Orthodontist
   D. Parents
   E. You

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss why we need teeth. (Smile, appearance, chewing, talking.)

2. Conduct a "sweetless party". (Popcorn, crackers-cheese, potato chips, carrot strips, radishes, celery stuffed with cheese, pretzels, unsweetened fruit juices.)

3. Discuss the value of certain foods such as apples, celery, carrots, as tooth cleaners.

4. To show that acid will weaken substances containing calcium (such as tooth enamel) place a whole egg in a bowl of vinegar (acetic acid) for about 24 hours. The egg shell should become soft as the vinegar decalcifies the shell.

5. List activities which might damage enamel (biting hard objects, opening bobby pins, cracking nuts, chewing pencils, chewing ice, chewing hard candy, pumping drinking fountain, falling off bicycles or skates, etc.).

6. Demonstrate proper ways to brush teeth and discuss time for brushing them.

7. Perform (either at school or at home) disclosing tablet test to demonstrate effectiveness of toothbrushing. (Your dentist or local dental society can provide information about securing a supply of these tablets.

8. Discuss reasons for regular visits to dentist.

9. Display and discuss magazine pictures brought by children showing good and bad foods for teeth using a "Happy and Sad Tooth" chart.

10. Have child prepare lists of good dental snack-time foods.

11. Demonstrate ways of cleaning teeth when a brush isn't available (swish and swallow, etc.).

12. Demonstrate flossing. Have a child hold up a forefinger and middle finger firmly together. Gently move a strand of dental floss (wound around your forefingers) between the upright finger. Fold the dental floss around one finger moving upward to remove food plaque. Move the floss down again and up around the other finger.

13. Invite dentist or dental hygienist to visit class and explain services given by a dentist. (Ask them to bring dental instruments if possible.)

14. Write and illustrate a comparative life story of a neglected tooth and one given good dental and home care. This may be done by a small group or the entire class.

POEMS:

"Teeth"

Some are big,
Some are small.
Others aren't there
At all!

"Brushing"

A tooth fell out
And left a space
So big my tongue
Can touch my face

And everytime
A smile, I show
A space where some -
thing used to grow

I miss my tooth
As you can guess,
But then - I have to
Brush one less!

"Brush, Brush Your Teeth"

Brush, brush your teeth up to your gum
Don't you let the cavities come
Brush brush up
Brush brush down
Brush up - brush down.

"Wiggly Tooth"

Once I had a little tooth
That wobbled everyday;
When I ate and when I talked,
It wiggled every way.

Then I had some candy -
A sticky taffy roll.
Now where my wiggly tooth was -
Is nothing but a hole!

RESOURCES

Books:

Clinical Dental Hygiene, Shailer Peterson, C.V. Mosby Company, (for teacher reference)

Dentist's Tools, Carolyn Lapp; Lerner Publications Company, Minneapolis, Minnesota, 1961, 617.6
L

Films:

Dottie and Her Dad, 16mm, 4 1/2 minutes, American Dental Society

Dottie and the Dentist, 16mm, 4 1/2 minutes, American Dental Society

Tommy's Healthy Teeth, BOCES #831-150, 11 minutes

Kits:

Dental Health School Presentation Kit, pamphlets, posters, toothbrushes, and toothpaste, Proctor and Gamble, P.O. Box 599, Cincinnati, Ohio, (Professional Services Division), materials available through American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611

Dental Health Teaching Unit - Grades 1-3, Bristol Myers Educational Services Department, 630 Fifth Avenue, New York, New York

Learning About Your Oral Health: Level I, American Dental Association

Filmstrips and Records:

Your Mouth Speaking, 7 filmstrips, Walt Disney Educational Materials, Department F. 800 Sonora Avenue, Glendale, California 91201

Other Assorted Materials:

Catalog of available materials from American Dental Association (posters, etc.)

HEALTH STATUS AND DISEASE PREVENTION AND CURE

Overview

Remarkably, man has learned in the last century more about the nature of disease and disease processes than was known by earlier societies. Diseases had been treated by faith, omens and incantations. With the advent of inquiring minds and technological progress, information regarding the underlying causes and control of various diseases was disseminated throughout the world. The student should be made aware of the causative agents, the methods of transmission and prevention of communicable diseases through a program of desirable personal health habits.

Despite our best efforts toward health, sometimes a disease like cancer will strike, and we do not know why. For children who have had a parent or friend die, a discussion of the fact that the person is not to blame and the child is not to blame can be very helpful.

Many chronic and degenerative diseases, however, can be prevented or controlled. For secondary level trainable mentally retarded students, covering the mouth when coughing or sneezing and washing hands carefully after toileting are practices whose importance should be re-explained and re-emphasized.

The development of good physical fitness through proper diet and daily exercise is closely related to and is essential for achieving and maintaining good health.

OBJECTIVES

1. Discuss benefits of physical fitness.
2. Relate the roles of community health personnel in preventing health problems and improving health status.
3. Discuss how the physical, mental, and social dimensions of the individual are related.
4. Describe how growing and developing occurs unevenly for body parts, systems and functions.
5. Demonstrate that one's physical, mental, and social development is individualized - that each person is an individual in all ways.
6. Interpret the cause-effect relationship as it applies to disease.
7. Assume responsibility for prevention and control of disease within himself/herself and others by using personal habits that will discourage the spread of disease.

8. Express awareness of the need for proper immunization procedures.

9. Distinguish between health and illness.

10. Identify factors affecting health.

11. Identify fundamental principles of disease prevention.

12. Relate how disease germs are spread.

13. Express awareness of individual factors involved in the spread of V.D. (for some students)

14. Recognize that any deviation from his usual health status should be reported to his/her parent or guardian.

15. Realize the importance of periodic medical examinations.

16. Relate that some diseases are not communicable, but chronic and/or degenerative in nature.

MAJOR CONCEPTS

1. The individual has a definite responsibility for his personal health and fitness.

2. It is important for the individual to appreciate, understand and take into careful consideration the findings of the many people concerned with his health status. (Physician, nurse-teacher and dental hygiene teacher, etc.)

3. Great differences exist in height, weight and body build among people - all of whom may be quite healthy but growing in the way that is right for them.

4. The health examination is valuable in detecting early signs of defects, disease and growth variations.

5. Physical activity should be planned as part of one's daily routine.

6. Sleep, rest, and relaxation prepare the body for work and play.

7. Engaging in hobbies, or changing one's activities helps one to relax.

8. Regular bathing removes perspiration, oil, and dirt from the skin.

9. Proper care of the hair keeps it clean, healthy and attractive.

10. Proper care of the nails is important to grooming and the prevention of infection.

11. The use of commercial products such as deodorants promotes a healthier body and better interpersonal relationships.

12. A cause-effect relationship has been established between germs and disease.

13. The nature of many diseases makes it possible for them to be spread from person to person.

14. A more serious disease may follow what appears to be an insignificant illness.

15. Personal health is significantly linked with personal habits.

16. We are dependent upon many people to help us when we are ill.

17. There are many different causes of diseases.

18. Some disease control measures are very specific (immunization) while others are very general (sanitation).

19. Some diseases become long-term (chronic) and many of these kind cause a wasting away (degeneration) of body parts (tissues).

20. Many kinds of cancer can be cured if one seeks treatment from a doctor immediately upon noticing any unusual symptom.

CONTENT OUTLINE

I. Our Health Can Be Measured
   A. Each person is different
   B. Assessment of health status and physical fitness
      1. Health examinations
      2. Tests and evaluation
         a. Vision screening
         b. Hearing screening
         c. Dental screening
         d. Physical fitness tests

II. Personnel Interested in the Health Status of the Individual
   A. Health service staff
      a. Physician
      b. Nurse-teacher
      c. Dentist
   B. Other school personnel
      a. Psychologist
      b. Speech therapist
      c. Teacher

III. A Perspective on Health
   A. Physical fitness and body dynamics
   B. Proper nutrition
   C. Sleep, rest, and relaxation
   D. Caring for our senses
   E. Avoiding habit-forming and addicting substances
   F. Safety in everyday activities
   G. Caring for the skin, hair, and nails
   H. Good posture habits

IV. Causes of Disease in Man
   A. What is a "germ"?
   B. How germs are spread by contact
      1. Directly with an ill person or animal
      2. Indirectly with the germs in secretions or discharges from an ill person or animal
   C. How germs most commonly get into man's body through portals of entry
      1. Mouth
      2. Nose
      3. Broken skin
      4. Mucous membranes (as in the eyes and reproductive tract)

V. Some Common Chronic and/or Degenerative Diseases
   A. Arthritis
   B. Diabetes
   C. Epilepsy
   D. Cancer
   E. Others

VI. Signs of Illness (Which Should be Reported) Are Reflected in the Ways We Look and Feel
   A. Sore throat
   B. Headache
   C. Stomachache
   D. Vomiting
   E. Skin rashes
   F. Any other unusual symptom

VII. There Are Several Habits Which Can Discourage the Spread of Disease
   A. Body cleanliness and handwashing
   B. Care in the use of personal items
   C. Proper toilet habits
   D. Drinking and eating precautions
   E. Covering mouth/nose when coughing/sneezing
   F. Proper use/disposal of paper tissues
   G. Obtaining adequate rest, exercise, and diet
   H. Proper care of cuts and abrasions
   I. Acquiring proper immunizations

VIII. Many Individuals Help Protect Us From Illness
   A. Parents and family members
   B. Teachers
   C. Doctors
   D. Dentists
   E. Dental Hygienists
   F. Pharmacists
   G. Veterinarians
   H. Cafeteria workers
   I. Friends

LEARNING AND EVALUATIVE ACTIVITIES

1. Have the class name and describe various health personnel.
2. Discuss the values of an annual health examination.
3. Discuss the reasons for visits to the physician, dentist, dental hygienist, school nurse and school psychologist.
4. Discuss the opportunities made available for play at school and at home.
5. Measure each child's height and weight.
6. Dramatize and discuss good sportsmanship.
7. Discuss the need for teamwork and cooperation in games.
8. Discuss what happens when pupils do not get enough sleep or compose a class story about a "sleepyhead."
9. Explain why rest is important and needed at certain times.
10. Give examples of good sportsmanship in play activities.
11. Give examples of moderated exercise and play.
12. Discuss the benefits of regular exercise and play.
13. Survey the class concerning the number of hours that are used for physical activity in a day. Make a list of the variety of activities involved.
14. Display doctor's instruments or pictures of them. Let the children listen to the heart and lungs with stethoscope. Discuss why the doctor uses such an instrument.
15. Report on the function of the skeletal and muscular systems.
16. Review health practices necessary for good health - correction of defects, avoiding injury and disease, proper nutrition, proper habits of sleep and rest, and vigorous physical exercise.
17. Charades game: One child acts out a good grooming activity while others guess what he's doing.
18. Tell a story about "Foolish 'Fraid-A-Soap" and draw or color a picture to go with the story.
19. Discuss relationship of good health habits and keeping well. Have students construct a list of good health habits.

20. Discuss the importance of proper care and adhering to doctor's advice if one has a minor disease. Cite examples of a minor illness leading to pneumonia, heart problems, hearing loss, when not properly cared for as directed.

21. Discuss the importance of a "runny" nose when one has a cold. Relate this to irritation caused by germs.

22. Discuss the importance of using your own toothbrush, handkerchief, drinking glass, etc.

23. Discuss the importance of immunization shots (vaccinations).

24. Discuss briefly how the heart works - or have school nurse, doctor, etc. do so.

25. Discuss importance of hospitals.

26. Develop a poster on how to avoid colds.

27. Class discussion of all possible ways to prevent spread of disease. Review with boys and girls the things they can do to help keep from spreading disease germs: wash their hands before eating and after using the toilet; cover coughs and sneezes; keep pencils and fingers out of the mouth; use their own towels and washcloths; avoid drinking from a common drinking cup; and stay home from school if they have a cold.

28. Invite school nurse or doctor to discuss what a chronic and/or degenerative disease is. Have explained that the cause of some of these types of diseases is not clearly understood, but that treatments for most of them do exist. Then discuss some specific diseases of this nature of which students have heard -- arthritis, epilepsy, diabetes, cancer, etc.

RESOURCES

Books:

The True Book of Health, Olive V. Haynes, R.N.; Children's Press, Chicago, Illinois, 1954, 612 H

The True Book of Your Body and You, Alice Hinshaw; Children's Press, Chicago, Illinois, 1959, 613 H

Films:

About the Human Body, BOCES #832-1, 15 minutes (for some groups)

Alexander Learns Good Health, BOCES #831-8, 11 minutes

A Look at You: Health, BOCES #831-245, 13 minutes

Be Healthy, Be Happy, BOCES #831-189, 11 minutes

Clean and Bright, BOCES #831-312, 10 minutes

Joan Avoids a Cold, BOCES #831-79, 11 minutes

Physical Fitness and Good Health, BOCES #831-192. 10 minutes

Running for Sheriff, Boces #831-211, 12 minutes

Sleepy Heads, BOCES #831-314, 10 minutes

Take Joy, BOCES #833-2020, 10 minutes

Kit:

Me Now, Hubbard Scientific Company; 2855 Shermer Road, Northbrook, Illinois 60062

Filmstrip:

How to Catch a Cold, Walt Disney, Glendale, California 91201, $3.00

DRUGS, TOBACCO AND ALCOHOL

Overview

As a child approaches his teen-age years, his horizons expand. He not only has a greater range and variety of experiences, he finds that the old familiar happenings and relationships may take on new meaning. During recent years the use and misuse of chemical substances have been of major concern and, consequently, the target of wide publicity.

For the trainable mentally retarded, there are a few simple rules to govern behavior. The pupil should learn:

1. Don't take medicine except when it is given by a doctor or a nurse, or if the doctor has asked your mother to give it to you.

2. Don't ever take more than you are given.

3. Don't ever share your medicine with another person. Don't use anyone else's, ever.

But what about drinking? Are there easy rules for that too?

The acute social and domestic problems of alcoholism are reflected in broken homes, family misery, neglected children, automobile accidents and criminal problems, unemployment, and poverty. A tragically large number of special education students will know this without its having to be said, and their feelings should be considered in presenting information about alcoholism to the class. Additionally, it is not helpful to say that the condition of alcoholism is brought on knowingly and that every victim of alcoholism has made the choice to drink. Scientists now recognize that heredity, body chemistry, and psychological factors such as unresolved grief can sometimes make a person more vulnerable to excessive drinking. Children should not be made to think of an alcoholic parent as choosing to be what he is; he is not "bad," it is alcoholism which is bad. The positive steps toward physical and mental health which can be taken, beginning in childhood, to help prevent alcoholism, should be the subject here.

Besides alcohol, one common product which is often overlooked as a drug is tobacco. Care must be taken when discussing any of the harmful effects of smoking as many of the students' parents will be smokers. The students, who may be quite dependent on their parents, can easily become frightened that something may happen to their mothers and fathers and, then, worry about what would happen to them.

The purpose of this unit is to help the teacher of handicapped children deal with some complex social problems. But because these problems are complex and affect each individual differently, it is impossible to do more than make suggestions and offer a few guidelines.

OBJECTIVES

1. State advantages of good health in leading an active, productive life.

2. List the health hazards associated with smoking as they pertain to the individual.

3. Make wise decisions and choices about the use of chemical substances that will contribute to good health.

4. Describe, in general terms, the differences between alcoholic beverages and other beverages.

5. List and explain the effects of excessive drinking on oneself and family life.

6. Express an awareness that drugs and household chemicals have proper uses, but that their potentially dangerous nature demands the student's respect.

7. Recognize the need to report to parents or teachers any strange feeling following the ingestion of any substance.

8. Use prescribed drugs and volatile substances in a sensible manner which will contribute to long-range good health for themselves and for those in their community.

9. Express an awareness of the existence of drug abuse and its meaning.

10. Differentiate between prescription and non-prescription drugs.

MAJOR CONCEPTS

1. Alcohol affects the body systems and organs.
2. The frequent and prolonged abuse of alcohol can cause sickness, nervous disorders and problems within the home and on the job.
3. The use of alcohol is a factor in many safety problems.
4. Alcoholism is an illness, but treatment is available.
5. The driver who has been drinking is a menace on the highway.
6. Families and individuals feel differently about the use of tobacco and alcohol.
7. The decision to smoke or not to smoke should be based upon an interpretation of facts and not upon peer pressure or a personal desire to appear "grown-up."
8. Men and women who began the smoking habit several years ago did not have the knowledge of the harmful effects of smoking that we have today.
9. One does not have to smoke to act grown-up.
10. A young person who is largely dependent on his parents for food, shelter, and other life necessities, should consider the attitudes of his family before starting to smoke.
11. Many diseases are found more often among smokers than non-smokers.
12. For maximal growth, development, and performance, one should avoid the use of tobacco.
13. Drugs are medical tools that may have many benefits when properly used.
14. Drugs and other substances are used for many reasons.
15. Drugs and other substances, if misused, may be harmful.
16. Drugs should not be consumed without the guidance of an adult.
17. If any medicines, household cleaners, etc. are accidentally swallowed, an adult should be informed immediately.

CHEMICAL SUBSTANCES

Content Outline

I. What are Chemical Substances?
   A. Alcohol
   B. Tobacco
   C. Drugs and medicines
   D. Other potentially dangerous compounds

II. Alcohol
   A. Definition and properties
   B. Effects of alcohol
      1. Bodily
      2. Behavioral
   C. Use and misuse

III. Tobacco
   A. Effects of tobacco
      1. Bodily
         a. Specific physical responses
         b. Disease proneness
      2. Social
         a. Response to pressure of peers
         b. Necessary to be "grown-up"?
   B. Use
      1. By adults
      2. Habit (difficulty in breaking)

IV. Drugs
   A. Prescription drugs
      1. Use
      2. Administration (by adults or under adult guidance)
      3. Misuse
   B. Non-prescription drugs
      1. Reasons for use
      2. Administration (by adults or under adult guidance)
      3. Examples
         a. Aspirin
         b. Cold remedies
         c. Vitamins
      4. Misuse

V. Other Chemical Substances (household cleaners, gasoline, etc.)
   A. Use
   B. Misuse
      1. Accidental
      2. Otherwise

TOBACCO

Learning and Evaluative Activities

1. Have children tell about adults they know that have quit smoking or that have tried to quit. Why did they decide to quit? Were they successful?
2. Develop group list of disadvantages of smoking.
3. Invite the school physician or school nurse-teacher to speak to your class about illnesses associated with smoking.
4. Discussion: Do you have to smoke when you are an adult?"
5. Discussion: Is smoking worth all of the risks involved?"

ALCOHOL

Learning and Evaluative Activities

1. Class discussion: Excessive use of beveragle alcohol may lead to problems.
2. Investigate with pupils this statement: You don't have to drink to be liked or grown-up.

DRUGS

Learning and Evaluative Activities

1. Explain main purposes of prescription medicines.
2. Identify the difference between use and misuse of products.
3. Show pupils the warning label on a harmful substance and teach its meaning.
4. Identify proper uses of common household products.
5. Describe constructive, safe ways to show independence - i.e. help family members.

6. Discuss how great harm can result from "taking a dare" involving the use of unknown substances, candy from strangers, etc.

7. Discussions of reasons why children go to a doctor.

8. Collect and show labels to the class from prescription and non-prescription medicines.

9. Read warning labels on empty paint cans, cleaning fluids, glue tubes, etc. and explain meaning to students.

10. Explain to students what they should do if they feel an unusual effect after having been exposed to chemical substances.

11. Discuss dangers of taking less than, as well as more than, the prescribed amount of a medicine.

12. Discuss rules for taking medicine.

CHEMICAL SUBSTANCES

Resources

Films:

Huffless, Puffless Dragon, BOCES #831-392, 9 minutes

Sniffy Escapes Poisoning, BOCES #831-336, 6 minutes

Drugs: A Primary Film, BOCES #831-346, 9 minutes

Barney Butt, BOCES #832-277, 13 minutes

Drugs: The First Decision, BOCES #831-261, 9 minutes

Coloring Books:

Kool Kat: Rapping With You on Drugs, BOCES #P-171

- or -

from New York State Drug Abuse Control Commission
Box 8200
Albany, N. Y. 12203

Katy's Coloring Book About Drugs and Health, National Clearing House for Drug Abuse Information; 5600 Fishers Lane, Rockville, Maryland 35¢/ copy, #GPO Sn #2704-0011

Story of a Cigarette, BOCES #P-34

Pamphlets:

Huff & Puff, BOCES #P-62

Where There's Smoke, BOCES #P-35 (comic book)

MENTAL HEALTH

OVERVIEW

A normal individual has a satisfactory concept of himself and of the culture in which he lives. He can control his emotions and adequately meet situations that occur in his environment. The observable features of the adjustment is the individual's personality -- the sum total of traits and characteristics that makes each person a unique individual.

For some handicapped children, the problem is not so much controlling their emotions as avoiding withdrawal. Psychologists see the quiet, introspective, withdrawn child as much more seriously disturbed than the one who is hyperactive, aggressive, and acting out. The special education teacher must work with both types of children to seek a middle ground where acting out is controlled, but the child is courageous enough to interact with his environment.

There are no easy answers to the question, "How can that be done?" The approach will depend on the child. But one activity which is very enhancing to the individual's ego, is to help others. Even a very young child can do some things to help -- make his bed, dry the dishes at home, wash the blackboard or pick up papers off the floor at school. And when this type of activity can be extended to include the community and the environment, it is beneficial indeed. Children can hand out leaflets to remind people to vote. They can take waste paper from school or cans and bottles from home to the recycling center. They can participate in picking up and maintaining nature trails and parks.

The teacher must also be aware of his or her students' ability to interact meaningfully both with peers and adults. Does he show respect for himself and others, recognizing the effects that this behavior has on them? Can he control his feelings and act rationally in most situations? As his sensitivity to other people grows, he will find increasing satisfaction from relationships.

OBJECTIVES

Suggested Pupil Outcomes:

1. Identify himself/herself as a person of worth.
2. Recognize that each person is unique.
3. Demonstrate respect for himself and others.
4. Develop and maintain satisfactory interpersonal relationships.

5. Think and act in a rational manner in most situations and relationships.

6. Display control and understanding of his feelings in a positive way.

7. Interpret and observe rules for living that make a happier and healthier life for all.

8. Recognize the effect(s) one's behavior has on others.

MAJOR CONCEPTS

1. Mental health is one aspect of total health.
2. Each individual, as a person, is very important.
3. Our voice and actions reflect our feelings about ourselves.
4. It is important to have respect for one's self.
5. Emotions are normal.
6. Leisure time activities help develop creativity, friendships, skills.
7. Consideration and respect for others is important.
8. Everyone is different. You can do certain things well, better than others; yet, some can do things better than you.
9. Consideration of others' rights and property is important.
10. We have many different feelings which are part of life: sadness, loneliness, hate, fear, anger, joy, love, etc.
11. Individuals have psychological needs that are considered basic to their well-being. (Need for love, approval, independence, security, and feeling significant.)
12. As the individual grows and develops, he should become more responsible for himself and increasingly more considerate of other people.
13. Any given emotion (i.e. anger) may be expressed in either a positive or negative manner.
14. Friendships contribute to a person's well-being.
15. The personality consists of one's total "self" and his characteristic ways of reacting to life situations.
16. Some feelings of anger and resentment expressed by family members and others are natural.
17. Working and playing together is part of growing up.
18. As we grow up we learn to control our own behavior.
19. Social amenities (i.e. good manners) contribute to our social acceptance.
20. Our social acceptance is directly related to our behavior(s).

CONTENT OUTLINE

I. Personality
   A. Definition (What is your personality?)
   B. Basic human needs
      1. Physiological
      2. Psycho-social
         a. Security
         b. Love
         c. Approval
         d. Independence
         e. Significance
   C. Uniqueness of individual

II. Self-Acceptance
   A. Self-image
      1. Realistic picture of self
      2. Acceptance of limitations
      3. Development of self-respect
      4. Cultivation of self-confidence
      5. Acceptance of assistance when necessary
   B. Emotions
      1. Normal
      2. Positive and negative venting of emotions
      3. Control of emotions

III. Relationship With Others
   A. Concern for others' welfare
      1. Person
      2. Property
      3. Reasons for rules and laws
   B. Respecting and trusting others
      1. Peers
         a. Friends
         b. Siblings
         c. Classmates/others
      2. Adults/Authority
         a. Parents
         b. Teachers
         c. Other adults
   C. Socially expected attitudes and traits
      1. Honesty
      2. Fairness
      3. Kindness
      4. Compassion
      5. Good manners/politeness
   D. Group membership
      1. Requirements
      2. Position in group
      3. Sharing
      4. Abiding by group regulations

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss growing responsibilities - care of possessions; respect for others' possessions; responsibilities for own appearance, actions.

2. Demonstrate how our voice and facial expressions can reflect our feelings although our words may not.

3. Tell how you help in school and at home, discuss many different ways of helping (i.e. manners, smiling, taking turn, etc.).

4. Make a list of desirable behavior practices, encourage weekly checking and ways to improve or change behavior that is difficult.

5. Have a class discussion about traits they like about other people. A title for this might be, "I like someone who..."

6. Talk about times you are happy and times you are sad (or other feelings). What causes you to feel this way?

7. Talk about what you can do when you feel upset. Discuss how you can help others when they are upset.

8. Discuss relationships with others (respecting property, sharing, taking turns, helping, etc.).

9. Tell how assuming responsibility for personal cleanliness and possessions can express consideration for others.

10. Tell about things you like to do, bring to school things you have made. Teacher make up a display of children's hobbies.

11. Discuss social skills, in the home, school, community, in your friends' homes (making introductions, etc.).

12. Discuss honesty, dishonesty, its effect on self and others.

13. Discuss different types of friendships. (Older people, younger, sharing of an interest; community; school).

14. Discuss attitudes that are important in friendship - forgiving, keeping confidences, observing privacy, avoiding possessiveness.

15. Discuss the Golden Rule, fairplay, generosity and kindness.

16. Discuss ways we can show respect for the feelings of others. Explain how teasing and name calling can produce hurt. Consider ways of dealing with name calling yourself.

17. Discuss socially acceptable behavior. Students might illustrate these ideas or develop a class bloke.

18. Discuss that people are judged on the basis of their behavior. "What might people think if we acted (in a specific way)?" Explore various possibilities.

19. Discuss the effect of polite manners on others.

20. Give students an opportunity to be part of an organized club of some sort.

21. Utilize pictures of faces to discuss how our facial expressions affect others. What does each face tell you about how that person feels?

22. Discuss some positive ways to manage emotions, such as anger: a. physical exertion, b. laughing it off, c. talking it out with someone.

23. Read stories that illustrate children in different behavior situations.

24. Discuss friendships, with older people, younger, peers.

25. Teacher help children understand what is expected of them with others in classroom situations: how to wait; how to watch; how to play; how to share; how to help; how to accept a "no" or "yes" answer.

26. Discuss worry, what causes it, how to avoid it, how to accept it.

27. Discuss the use of "bad" words.

28. Let students "make faces" expressing various emotions. (May be done as a guessing game.)

29. Discuss ways of reacting to disappointment. Which are positive (acceptable) ways? Which are negative (unacceptable) ways?

30. Discuss ways to deal with stress and worry.

31. Discuss various social situations and positive ways to react. (e.g. Your friend's dog has died. How do you show him/her your care?)

32. Make a class book with a title of "Happiness is...." The teacher can add some dictated material from each student to his page.

33. Discuss Charlie Brown's book "Friendship Is...." - the give and take in a relationship.

34. Discuss the importance of work; that each job is important, each worker must always do his best.

RESOURCES

Books:

Aesop's Fables, a Keith Jennison book; Franklin Watts, Inc. Publishers, 575 Lexington Avenue, New York, New York 10022

Alexander and the Terrible, Horrible, No Good, Very Bad Day, Judith Voirst; Atheneum Publishers

Happiness is a Warm Puppy, Charles M. Schulz

Love is a Special Way of Feeling, Joan Walsh Anglund

Lucy's Secret Pocket, (About Stealing)

The Old Man On Our Block, Anges Snyder; Holt, Rinehart and Winston, Inc., New York, 1964

One Day Everything Went Wrong, Elizabeth Vreckin; Follett Publishing Company, New York, 1966

One Little Girl, Jan Fassler; Behavior Publishers, Inc., 1969. This is the story of Laurie. Because she is retarded, Laurie is called a "slow child" but she finds out she is only slow in doing some things. The things she can do well she enjoys and takes pride in doing. Available through SEIMC. FL-0170

Films:

Bike, The, BOCES #832-114, 13 minutes

Elmer Elephant, BOCES #831-283, 8 minutes

Free To Be You And Me Series:

Part I	Friendship and Cooperation,	BOCES #831-426, 16 minutes
Part II	Expectations,	BOCES #831-427, 14 minutes
Part III	Independence,	BOCES #831-428, 17 minutes

Friends, BOCES #832-295, 18 minutes

Getting Along With Others, BOCES #831-10, 11 minutes

Films: (Con't.)

Inside/Out Series: BOCES (video cassettes), 15 minutes each
- Because It's Fun
- Bully
- But Names Will Never Hurt?
- Can Do/Can't Do
- Getting Even
- How Do You Show
- I Dare You
- Jeff's Company
- Just Joking
- Lost is a Feeling
- Must I/May I
- Someone Special
- When is Help
- Yes, I Can

Little Engine That Could, BOCES #831-82, 11 minutes

Rock in the Road, BOCES #831-136, 6 minutes

Ugly Duckling, The, BOCES #831-288, 8 minutes

Why You Are You, BOCES #831-270, 9 minutes

Kits:

Dimensions of Personality Series, workbook and teacher guide:
- Let's Begin, Kindergarten, BOCES #123-5
- Now I'm Ready, Grade One, BOCES #123-6
- I Can Do It, Grade Two, BOCES #123-7
- What About Me, Grade Three, BOCES #123-8

DUSO II, BOCES #123-18

Moods and Emotions Study Prints, The Child's World, Inc., Elgin, Illinois, BOCES #123-19

Games:

Body Talk, (with some modification), BOCES #110-25

HEN:

Mental Health Materials, BOCES #HN-18

TEACHER REFERENCES

"Emotional Problems in Mental Retardation - Utilization of Psychiatric Services", J.Q. Simmons, Pediatric Clinic of North America, 15:957, 1968

"The Mentally Retarded Adolescent: A Review of the Characteristics and Problems of 44 Noninstitutionalized Adolescent Retardates", Pediatrics, 38:845, 1966

Mental Retardation: It's Social Context and Social Consequences, F. Farber; Boston, Houghton, 1968

"Psychopathology and Mental Retardation", I. Philips, American Journal of Psychiatry, 124:29, 1967

FAMILY LIFE

OVERVIEW

This unit not only includes activities that can lead to a knowledge of physiological and psychosexual facts of reproduction, but also includes activities that can help children to develop positive attitudes and practices with a view toward better understanding of self, a mature adulthood and a happy family life. Further, this unit is intended to satisfy the children's desire to understand the biological man, and to develop some knowledge of acceptable social and sexual behavior.

These are difficult topics for the teacher to deal with in the classroom. They are surrounded by strong emotions which are the result of the ethics and mores imposed by one's religion, subculture and family as well as one's own experience. It takes courage to confront these emotions directly; and therefore, it is the opinion of the editor that if any of the topics in this unit are too uncomfortable for the teacher to discuss, the teacher should seek out other consultant or professional help that will enable him/her to handle such topics at this time.

For the retarded individual a normal sex life may be difficult to incorporate into the role assigned him by society. In a complex, technological and largely urban society, he is often treated as ward or child. And it seems that to acknowledge the existence of sexuality in a child-person is impossible for most members of the general public. This is particularly true in regard to the severely mentally handicapped child or adult who is partially or totally dependent for his daily care.

The youth of 14-21 who will soon be meeting this kind of prejudice, is also being forced to deal with some difficult problems as he undergoes the physical, psychological and social changes associated with the adolescent period. How he deals with these challenges will have a major impact on his ability to meet the subsequent problems of approaching adulthood.

Today we are aware of the value of imparting to young people factual information as well as positive feelings about human sexuality which are appropriate to their interest and ability to understand. In this area of health education, as in many others, the teacher's attitudes and actions often speak louder than words.

Additionally, it is important for the teacher to touch upon, with all children, the subject of death; for it is the ultimate end to all living things. A realistic attitude, developed at the earliest possible age, is important in dealing with emotional conflicts encountered with the death of a family member, friend or pet. Basic understanding related to loss need to be discussed and dealt with before and when they are encountered. This is an important step toward the goal of mental health because it can prevent emotional crises which result from unresolved grief and guilt if the person does not have some understanding of death and the emotional reactions which surround it.

Now that sound, effective methods of birth control are available to all citizens, it is time to reconsider the handicapped person and his sexuality. An important step in this direction is taken when teachers and parents work together to teach the rules to the mentally retarded child which society considers important for structuring the interaction between males and females.

OBJECTIVES

Suggested Pupil Outcomes:

1. Demonstrate respect for himself and others within the family unit.
2. Develop and maintain satisfactory interpersonal relationships with other family members.
3. Identify himself/herself as a person of worth.
4. Identify the various aspects of the continuous life cycle - birth, infancy, childhood, adolescence, adulthood, old age, death.
5. Explain why choices must be made in satisfying wants and needs in relationships with family, friends and members of the opposite sex.
6. Strive to achieve self-realization and happiness within the family setting.
7. Demonstrate understanding and emotional control by adequately meeting situations that occur in one's home environment.
8. Acquire a knowledge for understanding and the attitudes for accepting roles and responsibilities as a family member.
9. Display affection appropriately.
10. Demonstrate awareness that parent(s) need to work.
11. Conclude that there is a need to share love, empathy and sympathy with individuals who are experiencing an emotionally charged situation related to loss of a significant other.
12. Identify the individual differences within the male sex.
13. Identify the individual differences within the female sex.
14. Describe how reproduction is essential for survival of any kind of plant and animal.

15. Explain that all animals produce babies of the same kind.

16. Describe normal incidents of growth and development.

17. Explain how the roles of men and women vary from society to society.

18. List the functions of the family.

19. Identify cause-effect relationships which are contributing factors in the disruption of harmonious family life.

20. Explain the significance of holidays as they relate to the family.

21. Identify individual and family recreational activities.

22. Apply good grooming habits at home.

23. Apply good health habits that contribute to personal growth.

24. Care for personal belongings in the home.

25. Explore the meaning of death.

26. Distinguish between death and sleep.

27. Develop ways of dealing with the feelings brought about by the death of a loved person or pet.

28. Define death as an unavoidable part of the life process.

MAJOR CONCEPTS

1. Each individual, as a person, is very important to the family.
2. Consideration of others' rights and property is important to happy family life.
3. There are similarities and differences among living beings.
4. Parents, grandparents and remote ancestors contribute to a person's characteristics. There are male and female humans, just as there are male and female forms in plant and animal life.
5. There are many anatomical and physiological differences between the human male and female.
6. Environment affects living things.
7. Good behavior is a part of growing up. Improving behavior tells others you are growing up and lets family members know when you're ready for more responsibility.
8. Working and playing with other family members is an important part of growing up.
9. Young animals have a need for home, food and parental care.
10. Each of us is a member of a family.
11. Each of us assumes various roles and responsibilities as a member of a family.
12. The family is the setting in which opportunities are provided for each member to grow into a responsible, independent, healthy individual.
13. The independent nature of family life requires that each member develop a sense of responsibility.
14. Parents and family play a vital role in child development and influence attitudes, behavior and personality of the individuals they produce.
15. Family patterns differ throughout the United States, and throughout the world.
16. Children should be allowed to vent their feelings regarding life and death.
17. Individual actions and well-being can contribute or detract from the well-being of the family.

18. In some families, a new father or a new mother may be chosen to fill the necessary parent role.

19. Children are adopted so they may share the love and experiences of family life.

20. Individual members of the extended family (such as grandparents) may, for many reasons, become a part of the nuclear family.

21. Every family shares responsibility for making its community a better place to live.

22. Parental decisions are usually made with the welfare of the total family in mind.

23. Leisure time activities affect the development of wholesome family morale.

24. Families do many things together.

25. Sharing helps to make the home a happy place.

26. Children make contributions to the family.

27. The menstrual cycle is a natural event in the life a young girl which indicates she has reached one new area of maturity.

28. Masturbatory experiences may follow genital handling upon reaching maturity.

29. Masturbation in moderation and in private is acceptable and even desirable as a sexual release.

30. Reactions to death may include anger, protest, sadness, loneliness, and abondonment.

31. Children need to be prepared for the death of a family member or pet.

32. Some feelings of anger and resentment expressed by brothers and sisters are natural.

33. Our bodies are our private possessions and should not be touched or fondled by others. Physicians and nurses are exceptions as they care for our bodies. (Studies have shown that retardates are most often molested by either family members or persons known to their families.)

34. Students should develop a realistic expection of their futures.

35. Not all adults become parents. Many adults prefer not to have children and others realize they can't care for children themselves.

NOTE: Trainable students vary in the amount of sexual information they require. For many, limited information is adequate, yet others will need full information.

CONTENT OUTLINE

I. All Life Comes From Similar Life
   A. How is everyone unique?
      1. Males and females are different
      2. Physical growth occurs at different rates
   B. How does a newborn baby affect the family?
      1. Parents care for the children
      2. Each child has a place in the home
         a. Reasons for rivalry
         b. Reassurance of love
   C. Growth and development
      1. Infancy
      2. Childhood
      3. Adolescence
      4. Maturity
      5. Old age

II. The Family as a Unit
   A. What is a family?
      1. There are many similarities
      2. There are many differences
   B. What are its purposes
      1. Transmit culture
      2. Train and educate
      3. Provide security
      4. Provide a source of love and understanding
      5. Provide recreation and other activity
   C. What are roles in the family?
      1. Father
      2. Mother
      3. Children
      4. Extended family members
         a. Grandparent(s)
         b. Aunt(s) and Uncle(s)
         c. Foster children
         d. Etc.
   D. Responsibilities of family members
      1. To the individual
      2. To each other
   E. How do we cope with the addition of a significant other?
      1. A new baby
      2. Adopted child
      3. Addition of a new parent image
      4. Grandparent living with family
   F. How do we cope with the loss of a significant other?
      1. Death
      2. Divorce
      3. Separation

III. Fundamental Needs of the Individual
  A. Physical needs
    1. Nutrition
    2. Shelter
  B. Emotional needs
    1. Love
    2. Security
    3. Independence

IV. The Meaning of Love
  A. Self-respect
  B. Love for parents and family
  C. Love for friends
  D. Love for other adults
  E. Love of the opposite sex

V. Sex Related Topics
  A. Secondary sex characteristics and body parts
  B. Menstruation
    1. Understanding of process
    2. Self-care
  C. Masturbation in privacy
  D. Homosexuality
  E. Infatuation, crushes
  F. Self-protection

VI. Alternatives and Realistic Choices in Life Goals
  A. Marriage
    1. With children
    2. Without children
  B. Remaining single
  C. Work
  D. Recreation

LEARNING AND EVALUATIVE ACTIVITIES

1. Draw pictures of self - (boy or girl).

2. Discuss the importance of friendship, the qualities of friendship and how to be a good friend.

3. Discuss friendships with family members.

4. Discuss things you can do now that you could not do when younger.

5. Talk about what you can do when you feel upset with another member of your family. Discuss how you can help other family members when they are upset.

6. Talk about times when you are happy with your family and times that you are sad (or other feelings). What causes you to feel this way?

7. Discuss the many ways in which you can show kindness to other members of the family.

8. Tell how assuming responsibility for personal cleanliness and possessions can express consideration for others in the family.

9. Discuss the importance of habits of neatness, sanitation, and courtesy to others in the bathroom.

10. Use a full length mirror in the classroom to see differences in growth, etc. (male and female).

11. To illustrate the recent physical growth of each child use previous health records. Compare averages of girls and boys.

12. Discuss the condition of acne and the importance of good skin care.

13. Select two boys of equal height, two girls of equal height and compare their school health records for their individual rates of growth.

14. Discuss the need of proper body care and good grooming habits for both boys and girls: sleep, exercise, proper diet, personal hygiene, etc.

15. Discuss sexual development, menstruation, masturbation and self-protection.

16. Discuss: (Male) - Deepening of voice, development of beard, growth of body hair, masturbatory experiences, self-protection, personal grooming.
(Female) - Growth of body hair, menstruation, self-caring during menstrual period, breast development, masturbation, self-protection, modesty.

17. Set up with the group a good housekeeping code and a schedule of duties in the classroom.

18. Discuss ways in which we can make living together in the home safer, more comfortable, friendlier, etc.

19. Teacher help children understand what is expected of them with others in the home situations: how to wait; how to watch; how to play; how to share; how to help; how to accept a "no" or "yes" answer.

20. Make a pictorial display of similar needs of all living things (air, light, food, rest, water, etc.).

21. Discuss the differences in families (size, types of members, etc.).

22. Ask students to talk to their father to determine what his job is, why he must have a job that will take him from his home, how this job effects him and the other members of his family. Repeat this activity with a mother to determine what her responsibilities are at home, what effect her work has on the other members of the family, what effect her working out of the home could have on the family. Have children present reports on the results of the discussion with parents.

23. Plan and carry out the preparation of a class picture book (part devoted to mother's role; part devoted to father's role).

24. Ask the students to give illustrations of how their parents showed love and affection to them from early childhood to the present. Ask the students how they returned this love and affection.

25. List with the children the home duties that young children may be able to assist with or assume. Evaluative how to be helpful to others.

26. Ask the children who have younger brothers and sisters to tell the class how these younger children are unable to do things the other older children can do.

27. Encourage children to participate in home activities to acquire a sense of belonging.

28. Discuss each child's role in each of his household duties.

29. Discuss what happens in the home when duties are not carried out.

30. Read stories about family life in other lands.

31. Tell a story about family get-togethers, trips, and celebrations.

32. Ask the children to tell how they help to take care of the family property.

33. Draw pictures of things families can do together. Display pictures of families and write stories about what the families are doing. Evaluate.

34. Discuss with the children plans involved in preparing for company.

35. Make a surprise gift for the parents or the home.

36. Discuss and draw pictures of different types of homes in which people live (small, large, trailers, apartments).

37. Counsel students individually to help them develop realistic future expectations. For example, if a girl (who realistically will not marry) believes that she will be married, the teacher can tactfully and skillfully help her develop a more realistic goal.

38. Discuss: "What important contributions do grandparents or adopted children make to a family?"

39. Learn games that whole families can play together.

40. Show and discuss the film The Day Grandpa Died.

41. Class discussion allowing students to express their feelings on a death experience they have encountered.

RESOURCES

Books:

A Baby Is Born: The Story of How Life Begins, Milton J. Levine, M.D. and Jean H. Siligmann; New York, Golden Press, 1949. Written for the child 6 to 10 years of age, this is a book for parents to read with their youngsters. The story of how life begins is told objectively and directly and emphasizes the love relationship of the family unit. Available through SEIMC. PR-0204

Charlotte's Web, E.B. White; Harper and Row Publishers

Helping Your Child to Understand Death, Anna Wolf, 1973

Love is a Special Way of Feeling, Joan Walsh Anglund

My Turtle Died Today, Edith G. Stull; Holt, Rinehart, and Winston, 1964. E
S

Films:

Birth of Puppies, BOCES #832-82, 16 minutes

Families, BOCES #831-240, 10 minutes

Family Life in India: Ten Of Us, BOCES #832-206, 13 minutes

Family of the Island: Her Name is Wasamatha, BOCES #831-253, 11 minutes

Fertilization and Birth, BOCES #831-186, 10 minutes

Honeymoon, BOCES #831-371, 9 minutes

Human and Animal Beginnings, BOCES #832-75, 13 minutes

Inside/Out Series: BOCES (video cassettes), 15 minutes each
Breakup
Brothers and Sisters
Home Sweet Home
I Want To
In My Memory
Living With Love
Love Susan
Travelin' Shoes

Films: (Con't.)

The Day Grandpa Died, BOCES #831-360, 11 minutes

What is a Family, BOCES #831-400, 8 minutes

Filmstrips and Records:

Growing Into Manhood, BOCES #333-90, 26 minutes

Growing Into Womanhood, BOCES #333-91, 26 minutes

Mental Retardation and Sexuality, 20 minute filmstrip with record. $20.00 purchase, $5.00 rental. Order from Planned Parenthood Association of Southeastern Pennsylvania, 1402 Spruce Street, Philadelphia, Pennsylvania 19102

Teaching Personal Hygiene and Good Conduct to Teenagers, 5 filmstrips for boys, 5 for girls, Harris County Center for the Retarded, Inc., P.O. Box 13403, Houston, Texas 44019. Also includes personal cleanliness, etc.

HEN:

Family Life Education, BOCES #HN-12

TEACHER REFERENCES

Curriculum Guide for Human Sexuality K-12, 1974 Edition available from Cortland-Madison BOCES. $7.00 purchase price, Putman/Westchester BOCES, Yorktown Heights, New York 10598

"Incest, Inbreeding, and Mental Abilities", D.F. Roberts; British Medical Journal, 4:336, 1967

"Intellectual Level and Sex Role Development in Mentally Retarded Children", H.B. Biller and L.J. Borstelmann; American Journal of Mental Deficiency, 70:443, 1965

"Marriage of Young Adult Male Retardates", J.R. Peck and W.B. Stephens; American Journal of Mental Deficiency, 69:818, 1964

"Marriage, Parenthood, and Prevention of Pregnancy", M.S. Bass; American Journal of Mental Deficiency, 68:318, 1963

"Mongolism and Maternal Menarche", J.M. Berg and J.T.R. Bavin; Journal of Medical Genetics, 6:135, 1969

"Ovulatory Patterns in Down's Syndrome", V. Tricomi, V. Valenti, and J.E. Hall; Journal of Obstetrics Gynecology, 89:651, 1964

"Relation of Early and Late Menarche to Personality Characteristics in Mentally Deficient Women", G. Domino; American Journal of Mental Deficiency, 71:381, 1966

"Secondary Sex Development in Mentally Deficient Individuals", H.D. Mosler, H.J. Grossman, and H.F. Dingman; Child Development, 33:273, 1962

"Sex Education and the Mentally Retarded", H.M. Selznick; Johnston Bull, 5:23, 1962

"Sex Education for the Retarded Adolescent", a survey of parental attitudes and methods of management in fifty adolescent retardates, S.L. Hammar, L.S. Wright, and D.L. Jenson; Clinical Pediatrics, 6:621, 1967

"The Unwanted Pregnancy", R.B. Sloane; New England Journal of Medicine, 280:1205, 1969

Transition to Adulthood, for the trainable mentally handicapped adolescent, Ellen J. Calnan. Available from Alpha Delta Kappa, 1615 West 92nd Street, Kansas City, MO 64114

CONSUMER, COMMUNITY, ENVIRONMENTAL AND PUBLIC HEALTH

OVERVIEW

As pupils reach the age when they can find the concept of "environment" meaningful, the idea of "community" can be presented; because the two are related. The persons within one's immediate environment make up the community in which one lives. Just as it is each persons' responsibility to protect his environment, it is also his responsibility to act in much a way that he will not cause harm to the community and indeed that he will contribute to it, if possible. Similarly, he needs to know such basics as: we do not throw soft drink cans out of the car window; we do not take things from stores without paying for them; we do not play music loudly late at night which might bother the neighbors, and we do not go to school when we are sick with something that might spread to other people.

There are many things young people can do to contribute to the life and health of the community. They can practice good environmental habits. For example, they can pick up rubbish in community parks. They can tell their families about recycling. They can ride a bicycle or use public transit instead of always driving or being driven in the family car.

Awareness of environmental issues is the place to start in learning to become a wise consumer. The attitude of "use it once and throw it away" which is promoted by the manufacturers of paper products, toys, and household goods can better be resisted by the young person who understands that this practice contributes to the destruction of the environment.

Consumer, environmental and public health are closely related, and recognizing their interrelationships gives impetus to efforts which can be made to further them.

OBJECTIVES

Suggested Pupil Outcomes:

1. Discuss the concept of environment.
2. Discuss the role that the senses play in telling one about one's environment.
3. Identify ways that one must protect oneself from some parts of his environment in order to stay healthy and safe.
4. Express in words or actions a belief that a person's neighborhood is an important place to that person.

5. Identify the elements within the natural environment that have the potential for being harmful.

6. Analyze the role of the people in the family, school, and community that cooperate to protect the environment.

7. Identify various sources of reliable and unreliable health information and advertising.

8. Name familiar people who are responsible for promoting, protecting and maintaining health.

MAJOR CONCEPTS

1. Our health is affected by our surroundings.
2. A neighborhood is a place to live, play, work, go to school and enjoy.
3. Everything in your neighborhood is part of your environment.
4. Many people work in different places in the community to keep us well.
5. Human life depends on water and air.
6. Many people work to keep water and air safe.
7. Many people work to protect our food.
8. Noise has an effect on how we feel and act.
9. Our immediate surroundings, including the people in the surroundings, have an effect on us.
10. Some advertised products can be harmful to children.
11. Much health information comes from family and friends.
12. Professionally trained health specialists safeguard our health.

CONTENT OUTLINE

I. Factors in Our Environment
   A. What is our environment?
   B. How does our environment affect us?
   C. What can we do to help keep our environment clean and safe.

II. Working Together: Responsibilities
   A. School
   B. Home
   C. Community
   D. Neighborhood

III. Health Professionals in the Community
   A. Doctors
      1. Following doctor's orders
      2. Taking medications properly
   B. Nurses
   C. Dentists
   D. Dental hygienists
   E. Druggists/Pharmacists

IV. Health Information
   A. Relationship to doctor and other health professionals
      1. How they try to help keep us healthy
      2. What we can do to help them do this
   B. Effects of advertising/peer pressure/influence

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss a situation in which courtesy may help to improve undesirable conditions.

2. Have students draw pictures showing ways they can best care for personal belongings.

3. Discuss individual responsibility for keeping lunchroom and playground neat.

4. Observe the effect of prolonged exposure on foods that require special storage. Think of ways to store various foods.

5. Discuss the proper use and maintenance of drinking fountains and lavatories.

6. Ask students how they know what is cooking in the kitchen when they are in a room other than the kitchen.

7. Have students help to make posters that show good lunchroom practices. Evaluate.

8. Take the children to visit the cafeteria showing the preparations of food and how the dishes are washed. Discuss necessity of cleanliness practices in preparing food and washing dishes.

9. Have students observe sanitation procedures in the kitchen and lunchroom. Report to and evaluate with the rest of the class.

10. Visit a nearby market or discuss the reasons for packaging food, for refrigerating food, etc.

11. Ask the students to tell what they think happens to food before it comes to them in cans, frozen packages, etc.

12. Discuss how certain people inspect foods to make sure they are safe for eating.

13. Discuss and demonstrate proper methods for disposing of wastes; make waste baskets for home use.

14. Have each child report on a chore he performs daily to help keep his home clean.

15. Discuss the detrimental effects of littering and improper disposal of personal trash, etc.

16. Read books pertaining to child's stay in hospital or film concerning a child's hospital experience.

17. Discuss ways in which the doctor is your friend.

18. Discuss use of medicine (such as taking what the doctor prescribes, taking medication only from a responsible adult, not taking medication on your own).

19. If any children have had experiences in hospitals, a discussion of how they were helped and by whom can be used.

20. Discuss the importance of taking the right kind of medicine.

21. Discuss the pharmacist's role in filling prescriptions.

22. Have children relate their experiences with the dentist.

23. Talk about things we buy that are useful in keeping us healthy. (For example, which of these does more for keeping me healthy? - ice cream cone, apples or cotton candy? Do we always buy what is best for us?)

24. Talk about commercials and their effects on us.

25. Ask students to tell all of the ways in which water is used by man. Develop a bulletin board display showing these uses. Visit a water plant or show pictures of one.

26. Illustrate how air carries particles too small to see by opening a bottle or aromatic material (perfume) and asking students to indicate when they first are aware of the bouquet.

27. Have a fireman explain to children the danger that exists in a smoke-filled room; how to conduct oneself when a fire occurs. (How to report a fire.)

28. Discuss when noise is fun vs. when noise is irritating.

RESOURCES

Books:

About Jerry and Jimmy and the Pharmacist, Frances B. Thompson; Melmont Publishers, Inc., Chicago, Illinois, 1964

About Miss Sue, the Nurse, Frances B. Thompson; Melmont Publishers, Inc., Chicago, Illinois, 1961

About People Who Run Your City, Newman-Sherman; Melmong Publishers, Inc., Chicago, Illinois, 1963. 352
N

A Tree is a Plant, Clyde Robert Bulla; Thomas Y. Crowell Company, New York, 1963. 582
B

The Carrot Seed, Ruth Krauss, Record: The Carrot Seed

How Doctors Help Us, Alice M. Meeker; Benefic Press, Chicago, Illinois, 1964

How Hospitals Help Us, Alice M. Meeker; Benefic Press, Chicago, Illinois, 1962. 362.1
M

How People Live in the Big City, Muriel Stanek and Barbara Johnson; Benefic Press, Chicago, Illinois, 1964. 301.3
S

How We Get Our Mail, Edith McCall; Benefic Press, Chicago, Illinois, 1961. 383
M

Jill's Check Up, Ruth Jubelier; Melmont Publishers, Inc., Chicago, Illinois, 1957

Films:

Baby Rabbit, BOCES #831-309, 11 minutes

Buttercup, BOCES #831-300, 11 minutes

Communities Keep Clean, BOCES #831-204, 11 minutes

The End of One, BOCES #831-220, 7 minutes

Forest Fisherman, Story of an Otter, BOCES #832-238, 16 minutes

The Lorax, BOCES #833-87, 24 minutes

Films: (Con't.)

Our Community, BOCES #841-33, 12 minutes

People Shop: Hospital in the Community, BOCES #832-269, 18 minutes

Uncle Smiley and the Junkyard Playground, BOCES #832-176, 13 minutes

Uncle Smiley Follows the Seasons, BOCES #832-177, 13 minutes

Uncle Smiley Goes to the Beach, BOCES #832-172, 13 minutes

Uncle Smiley Goes Camping, BOCES #832-173, 16 minutes

Uncle Smiley Goes Planting, BOCES #832-174, 15 minutes

Uncle Smiley Goes Re-Cycling, BOCES #832-175, 13 minutes

Uncle Smiley Goes Up the River, BOCES #832-178, 12 minutes

What Our Town Does for Us, BOCES #831-24, 11 minutes

Wonders in a Country Stream, BOCES #831-117, 11 minutes

Wonders in Your Own Backyard, BOCES #831-118, 11 minutes

Woods and Things, The, BOCES #831-277, 11 minutes

SAFETY AND FIRST AID

OVERVIEW

Knowledge about what one is doing, whether is is how to do something or the limitations of an action or equipment, enters into accident prevention. Attitudes, some of which are not obvious, guide behavior and lead one into or away from hazardous situations.

Young people need to become more aware of the activities associated with safe and unsafe living. The challenge to the teacher is to provide experiences which will be both meaningful and continuous.

Leadership for safety education must originate within the school through direct and indirect experiences. Indirect experiences come through living in a safe environment, both at work and in play. Direct experiences come through class instruction in safety and participation in communicating the rules of safety to others. Safety must be an integral part of any curriculum which stresses direct involvement in a prevention-oriented environment.

It could also be said that knowledge of basic first aid techniques is a personal responsibility that each individual owes to himself/herself and those around him/her. In case of emergency, the first aider can be an invaluable aid to medical personnel in preventing permanent disability, easing pain and suffering, and even saving lives. The mentally retarded can and should be taught simple, but effective, first aid procedures which can do these things. After all, the first aider does not need to be an Albert Einstein to know what to do and not to do for minor injuries and how to remain calm while doing it. For major emergencies, they most certainly can be taught that seeking help is their best action.

OBJECTIVES

Suggested Pupil Outcomes:

1. Identify unsafe situations and learn to avoid them.
2. Identify common safety hazards in one's home, school and community.
3. Practice behavioral traits which will enhance the safety of oneself and others.
4. Define the specific roles of the people directly related to the promotion of safety in the school and community.

5. Identify areas of risk to individual and group safety that might occur during a particular season of the year.

6. Define some hazards to the pedestrian, the bicyclist, the bus passenger, and the automobile passenger.

7. Describe the major responsibilities of being a pedestrian, a bicyclist, and a bus or automobile passenger.

8. Demonstrate courtesy with peers.

9. Define a selected number of school safety rules.

10. Relate precaution taken to the reduction of hazards and accidents.

11. Demonstrate the effective use of basic first aid equipment/supplies.

12. Employ basic first aid techniques in minor emergency situations.

MAJOR CONCEPTS

1. The community helps in keeping areas safe for pedestrians.

2. An understanding of the potential of electricity is important in establishing a safe household atmosphere.

3. There are harmful substances in certain plants, animals and products of which we should become aware.

4. Increased freedom in play activities requires safety practices.

5. School accident prevention depends on every individual.

6. Many home accidents can be eliminated by the action of individual family members.

7. The individual must assume responsibility for the safety of himself.

8. Fire prevention is part of an individual's responsibility.

9. Knowledge and practice of safety rules in recreational activities helps prevent accidents.

10. Appropriate responses to hazardous and emergency situations should be studied and practiced.

11. One needs to have an awareness of first aid procedures for minor injuries and proper use of medications.

CONTENT OUTLINE

I. Traffic Safety
   A. Traffic signs
   B. Pedestrian accidents
   C. Bicycle accidents
   D. Seat belts and their use

II. School Bus Safety
   A. Safety while waiting for the bus
   B. Safe actions while boarding and riding
   C. Safe behavior when and after leaving the school bus
   D. Emergency bus drills
   E. Basic rules for bus drivers
   F. Safety regulations for school buses
   G. Serving the school bus patrol

III. Safety in and Around the Water
   A. Swimming can be fun
   B. Safe play around the pool
   C. Boating safety

IV. Winter Safety
   A. Sledding
   B. Skating
   C. Skiing
   D. Snowballing
   E. Snowmobiling
   F. Ice Fishing

V. Spring and Summer Recreational Safety
   A. Kite flying
   B. Baseball and softball
   C. Swimming
   D. Boating
   E. Camping and hiking

VI. School Safety
   A. Classroom environment
   B. School grounds and play equipment safety precautions
   C. Auditorium and rules of conduct
   D. Gymnasium safety

VII. Fire Safety
   A. Fire - benefits and hazards
   B. The causes of fire
   C. Fire drills at home and at school
   D. How to report a fire

VIII. Home Safety
- A. Falls - a case of Humpty Dumpty
- B. Burns - too hot to handle
- C. Electricity - a potential hazard
- D. Poisons - the skull and crossbones and more
- E. Animals - know them or leave them alone
- F. Neighborhood hazards - let's correct them
- G. Obtaining help in emergencies
- H. Other miscellaneous home hazards

IX. Basic First Aid
- A. Difference between major and minor injuries
- B. Reacting appropriately (eg. someone who has a serious injury should not be touched - go for help. Call operator for help.)
- C. Obtaining help
  1. Seeking adult aid
  2. Calling the operator

LEARNING AND EVALUATIVE ACTIVITIES

1. Have a member of local police department explain rules and regulations concerning equipment and operation of bicycle.
2. Demonstrate proper use of fountains, ways of going up and down stairs, safe use of playground equipment.
3. Discuss and list safety rules for equipment used on your school playground and in sports activities.
4. Dial "operator" in case of emergencies.
5. Discuss safety while swimming.
6. Put up bulletin board display illustrating safe swimming practices.
7. Discuss the hazards associated with large crowds.
8. Invite a nurse or physician to speak to class about importance of first aid and basic procedures.
9. Make up safety riddles, "Carry me with my point down."
10. Have the class develop some rules of "safe play" (marbles and other objects kept out the mouth, nose, ears; not to run with pointed objects; not to throw hard objects).
11. Dramatize what to do if a ball rolls into a street.
12. Draw and discuss pictures of places or things to avoid during play (railroad tracks, bridges, refrigerators, plastic bags, caves).
13. Demonstrate care of minor injuries. Discuss importance of adult guidance and reporting all injuries not matter how small.
14. Discuss how to act in case of a home fire (getting out of building, alternate routes, getting brothers and sisters out, getting adult help, calling fire department).
15. Discuss why an adult should always be present when they are near an open fire.
16. Discuss Holiday Safety Practices.
17. Discuss behavior during a school fire drill. Participate in fire drills. Discuss ways to improve fire drills. Notice location of fire safety equipment in building.
18. Discuss what could be results of skates, pencils, marbles left on stairs or floors.

19. Have pupils make a collection of magazine pictures to be used in a chart depicting household products which may be dangerous; assemble pictures by rooms in a house (bathroom, laundry, etc.).

20. Make a display of plants to avoid (pictures or illustrations). Survey local neighborhood to see how many grow in your area; discuss eating strange berries.
Some common poisonous plants include:

Bulbs of:	hyacinth
	narcissus
	daffodils
	autumn crocus
	Star-of-Bethlehem
Leaves of:	poinsettas
	lilies of the valley
	rhubarb
	oleander
	Bleeding Heart
Berries of:	mistletoe
	Daphne
	Yews
	Jessamine
All parts of:	laurels
	elderberry
	buttercups
	rhododendrum
	azaleas
	Jack-in-the-pulpit

21. Discuss simple safety rules regarding electric light cords, sockets, and use of small appliances.

22. Discuss danger of turning on lights or touching electrical appliances when hands or feet are wet.

23. Discuss what to do if an accident happens when there is no adult present.

24. Discuss meaning of courtesy in relation to concern for the other person and safety for others. (No tripping, shoving, etc.)

25. Prepare a list of safety rules for use when riding the school bus; or dramatize by arranging chairs to represent school bus. Show correct way of boarding, riding, leaving, and crossing in front of bus. Include emergency evacuation.

26. Discuss safety signs encountered while going to and from school. Include meaning of safety signs - danger, stop, slow, school, railroad, etc.

27. Discuss why pupils should not talk to strangers or accept anything from them.

28. Establish rules of what they should do when approached by strangers.

29. Discuss car passenger safety (seat belts; do not disturb the driver).

30. Visit nurse's office to find out how children who are injured are helped.

31. Dramatize "lost child game"; one child is lost and another is the policeman. (Each child review home address, telephone number and name. Learn how to use the phone.)

32. Make a safety scrapbook with pupils' drawings and/or pictures out of magazines and newspapers.

RESOURCES

Films:

Fire: Not in My House, BOCES #831-363, 11 minutes

Fire: Two Ways Out, BOCES #831-365, 11 minutes

Liquids Can Burn, BOCES #832-319, 13 minutes

Meeting Strangers: Red Light, Green Light, BOCES #832-98, 20 minutes

One Got Fat, BOCES #832-200, 15 minutes

Our Community, BOCES #841-33, 12 minutes

Safe in the Water, BOCES #832-332, 15 minutes

Safety Adventures Out of Doors, BOCES #831-174, 11 minutes

Poster:

"Instructor Safety Poster", Instructor, April 1973